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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Paul McMahon

COMPLETE IF KNOWN

Application Number

Filing Date

3/12/04

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Paul McMahon - Inventor & President of Map Advantage, Inc.
8495 S.W. Dakota Drive Tualatin, OREGON 97062
United States Citizen

(Title of the Invention)

the specification of which

☒ is attached hereto**OR**

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below

Name

Paul McMahon

Address

8495 S.W. Dakota Drive

City

Tualatin

State

OR.

ZIP

97062

Country

United States

Telephone

(503)692-8534

Fax

TBA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Paul Joseph

Family Name

or Surname

McMahon

Inventor's
Signature

Paul J. McMahon

Date

3/12/04

Residence: City

Tualatin

State

Oregon

Country

USA

Citizenship

U.S. Citizen

Mailing Address

8495 S.W. Dakota Drive

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State

Oregon

ZIP

97062

Country

USA

NAME OF SECOND INVENTOR:

NONE



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name

or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country



Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



Phone: (503) 888-2200
Fax: (503) 378-4381

Articles of Incorporation—Business/Professional

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

- ☒ BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 8, 9, 10)
☐ PROFESSIONAL CORPORATION
(Complete all items)

REGISTRY NUMBER: 154290-95

In keeping with Oregon Statute 192.410-192.595, the information on the application is public record.
We must release this information to all parties upon request and it may be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: Map Advantage Inc.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation," "Company," "Incorporated," or "Limited," or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation," or abbreviations thereof, i.e., "P.C.," or "Prof. Corp."

2) REGISTERED AGENT

Paul McMahon

4) ADDRESS FOR MAILING NOTICES

8495 S.W. Dakota Drive
Tualatin, OR 97062

3) ADDRESS OF REGISTERED AGENT

(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; no PO Boxes.)

8495 S.W. Dakota Drive
Tualatin, OR 97062

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) NUMBER OF SHARES (The Corporation will have the authority to issue.)

100

Professional Corporation Only

7) PROFESSIONAL/BUSINESS SERVICES (List professional services(s) and other business services to be rendered.)

8) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

Paul McMahon - 8495 S.W. Dakota Drive Tualatin, OR 97062

9) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name

Paul McMahon

Signature

Paul McMahon

FEES

Required Processing Fee \$ 20

Processing Fees are nonrefundable

Please make check payable to
"Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

10) CONTACT NAME (To resolve questions with this filing.)

Paul McMahon

DAYTIME PHONE NUMBER (Include area code.)

(503) 692-8534



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

DATE OF THIS NOTICE: 12-22-2003
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 83-0379067
FORM: SS-4 NOBOD 0000005635
0534838891 B

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

MAP ADVANTAGE INC
8495 SW DAKOTA DR
TUALATIN OR 97062

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 83-0379067. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1120

03/15/2005

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.